



## Uniform Formulary Medical Necessity Criteria for Nasal Allergy Drugs

**Drug Class** - Nasal Allergy Drugs

**Background** - After evaluating the relative clinical and cost effectiveness of the Nasal Allergy Drugs, the DoD P&T Committee has recommended that the following medications be designated as non-formulary under the Uniform Formulary. These recommendations have been approved by the Director, TMA.

**Effective Date:** 8 April 2009; 28 Oct 2009; 5 Oct 2011

- Beclomethasone (Beconase AQ)
- Budesonide (Rhinocort AQ)
- Ciclesonide (Omnaris)
- Triamcinolone (Nasacort AQ)
- Veramyst (Fluticasone Furoate)
- Astepro (Azelastine)

Patients currently using a non-formulary nasal allergy drugs may wish to ask their doctor to consider a formulary alternative.

### Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Nasal Allergy drugs <sup>1,2</sup>

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) cost share for up to a 90 day supply	Mail Order cost share for up to a 90 day supply	Retail Network cost share for up to a 30 day supply
Non-Formulary (Tier 3)	Beconase AQ Rhinocort AQ Omnaris Nasacort AQ Veramyst Astepro	Not available <sup>2</sup>	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Astelin Nasonex Patanase	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	flunisolide (generic Nasarel) Flutiasone propionate (generic flonase)	\$0	Generic cost share applies	Generic cost share applies
1. Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication				

- unless it is determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

### **Medical Necessity Criteria for Nasal Allergy drugs**

The non-formulary cost share for Patanase, Beconase AQ, Rhinocort AQ, Omnaris, Nasacort AQ, Veramyst or Astepro may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. Use of ALL of the following formulary nasal allergy drugs is contraindicated: azelastine (Astelin), fluticasone propionate, Nasonex, Patanase, and flunisolide.
2. The patient has experienced significant adverse effects (e.g. persistent epistaxis, pharyngitis, or significant nasal irritation) from ALL of the following formulary nasal allergy drugs: azelastine (Astelin), fluticasone propionate, Nasonex, Patanase, and flunisolide.
3. Use of ALL of the following formulary nasal allergy drugs has resulted in therapeutic failure: azelastine (Astelin), fluticasone propionate, Nasonex, Patanase, and flunisolide.

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the November 2008 meeting & approved by the Director, TMA on 2 Feb 2009. Astepro criteria recommended by the DoD Pharmacy & Therapeutics Committee at the May 2009 meeting & approved by the Director, TMA on 17 Aug 2009. For more information, please see the November 2008 [DoD P&T Committee minutes](#).

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